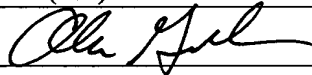




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| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) |                       | Application Number     | 09/578,827       |
|   |                       | Filing Date            | May 24, 2000     |
|   |                       | First Named Inventor   | Philip N. Benfey |
|   |                       | Group Art Unit         | 1638             |
|   |                       | Examiner Name          | C. Collins       |
| Total Number of Pages in This Submission  | 12 & cited references | Attorney Docket Number | 57953/1180       |

| ENCLOSURES (check all that apply)   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Supplemental Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Declaration and Power of Attorney<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Application Data Sheet<br><input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures<br><input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><br>PTO-1449 (1 page) (in duplicate)<br><br>Copy of Supplementary European Search Report for corresponding European application<br><br>8 cited references |
| Remarks   |   | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |
|--|--|
| Firm or Individual name                    | Andrew K. Gonsalves, Esq.<br>Nixon Peabody LLP<br>Clinton Square, P.O. Box 31051<br>Rochester, New York 14603-1051<br>Telephone: (585) 263-1658<br>Fax: (585) 263-1600 |
| Signature                                  |  Registration No. 48,145  |
| Date                                       | August 27, 2004  |

| CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]  |   |
|---|---|
| I hereby certify that this correspondence is being:   |   |
| <input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 |   |
| <input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____   |   |
| <u>August 27, 2004</u><br>Date  | <u>Jo Ann Whalen</u><br>Signature<br>Jo Ann Whalen<br>Typed or printed name |

|  |                  |  |  |                    |            |             |              |                      |                  |               |            |          |      |                     |            |
|--|------------------|--|--|--------------------|------------|-------------|--------------|----------------------|------------------|---------------|------------|----------|------|---------------------|------------|
| <div style="display: flex; align-items: center;"> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; margin-right: 10px; text-align: center;"> <b>TYPE</b><br/> <b>3</b><br/> <b>1</b> </div> <div> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <p style="margin: 0;">AUG 30 2004 FOR FY 2004</p> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p> <p style="margin: 0; font-size: small;">Applicant claims small entity status. See 37 CFR 1.27</p> </div> </div> |                  | <p style="margin: 0; font-size: small;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Application Number</td><td>09/578,827</td></tr> <tr><td>Filing Date</td><td>May 24, 2000</td></tr> <tr><td>First Named Inventor</td><td>Philip N. Benfey</td></tr> <tr><td>Examiner Name</td><td>C. Collins</td></tr> <tr><td>Art Unit</td><td>1638</td></tr> <tr><td>Attorney Docket No.</td><td>57953/1180</td></tr> </table> |  | Application Number | 09/578,827 | Filing Date | May 24, 2000 | First Named Inventor | Philip N. Benfey | Examiner Name | C. Collins | Art Unit | 1638 | Attorney Docket No. | 57953/1180 |
| Application Number   | 09/578,827       |  |  |                    |            |             |              |                      |                  |               |            |          |      |                     |            |
| Filing Date  | May 24, 2000     |  |  |                    |            |             |              |                      |                  |               |            |          |      |                     |            |
| First Named Inventor   | Philip N. Benfey |  |  |                    |            |             |              |                      |                  |               |            |          |      |                     |            |
| Examiner Name  | C. Collins       |  |  |                    |            |             |              |                      |                  |               |            |          |      |                     |            |
| Art Unit   | 1638             |  |  |                    |            |             |              |                      |                  |               |            |          |      |                     |            |
| Attorney Docket No.  | 57953/1180       |  |  |                    |            |             |              |                      |                  |               |            |          |      |                     |            |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$ ) 390   |                  |  |  |                    |            |             |              |                      |                  |               |            |          |      |                     |            |

| METHOD OF PAYMENT (check all that apply)  | FEE CALCULATION (continued)   |              |              |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
|---|---|--------------|--------------|--|-----------------|-----------------|----------|----------|----------|----------|----------|------|------|------|--------------------|-------------------------------------|------|------|------|------|-------------------|--|------|------|------|------|------------------|---------------------------|------|------|-------|------|--------------------|--|------|------|------|------|------------------------|--|--|--------------|--------|--------|--------|---|---|------|-----|--------------------|----|--|---|------|-----|------|-----|---|-----|------|-----|------|-----|--|---|--------------|-------|--------------|-----|---|----------|----------|----------|----------|-------|--|------|------|------------------------|------|-----|------------------|----|-----------------------------------|------|------|------|--|---------------------------------------|------|-----|------|-----|--|------|------|-------|------|--|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|-----|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|
| <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> Check              <input type="checkbox"/> Credit Card              <input type="checkbox"/> Money Order              <input type="checkbox"/> Other              <input type="checkbox"/> None         </div> <div> <input type="checkbox"/> Deposit Account:<br/>           Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">14-1138</span><br/><br/>           Deposit Account Name: <span style="border: 1px solid black; padding: 2px 40px;">Nixon Peabody LLP</span> </div> <p><b>The Commissioner is authorized to:</b> (check all that apply)</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Charge fee(s) indicated below           <input checked="" type="checkbox"/> Credit any overpayments         </div> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Charge any additional fee(s)           <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.         </div> | <h3>3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2"></th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td>210</td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td>180</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> </tbody> </table> <p>Other fee (specify) _____</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>*Reduced by Basic Filing Fee Paid</div> <div><b>SUBTOTAL (3)</b> (\$ ) 390</div> </div> | Large Entity |              | Small Entity   |                 | Fee Description |          | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130  | 2051 | 65                 | Surcharge - late filing fee or oath |      | 1052 | 50   | 2052 | 25                | Surcharge - late provisional filing fee or cover sheet |      | 1053 | 130  | 1053 | 130              | Non-English specification |      | 1812 | 2,520 | 1812 | 2,520              | For filing a request for <i>ex parte</i> reexamination |      | 1804 | 920* | 1804 | 920*                   | Requesting publication of SIR prior to Examiner action |  | 1805         | 1,840* | 1805   | 1,840* | Requesting publication of SIR after Examiner action |   | 1251 | 110 | 2251               | 55 | Extension for reply within first month |   | 1252 | 420 | 2252 | 210 | Extension for reply within second month | 210 | 1253 | 950 | 2253 | 475 | Extension for reply within third month |   | 1254         | 1,480 | 2254         | 740 | Extension for reply within fourth month |          | 1255     | 2,010    | 2255     | 1,005 | Extension for reply within fifth month |      | 1401 | 330                    | 2401 | 165 | Notice of Appeal |    | 1402                              | 330  | 2402 | 165  | Filing a brief in support of an appeal |                                       | 1403 | 290 | 2403 | 145 | Request for oral hearing                           |      | 1451 | 1,510 | 1451 | 1,510  | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | 180 | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  |
| Large Entity  |   | Small Entity |              | Fee Description  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$)  | Fee Code     | Fee (\$)     |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1051  | 130   | 2051         | 65           | Surcharge - late filing fee or oath  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1052  | 50  | 2052         | 25           | Surcharge - late provisional filing fee or cover sheet                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1053  | 130   | 1053         | 130          | Non-English specification  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1812  | 2,520   | 1812         | 2,520        | For filing a request for <i>ex parte</i> reexamination                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1804  | 920*  | 1804         | 920*         | Requesting publication of SIR prior to Examiner action                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1805  | 1,840*  | 1805         | 1,840*       | Requesting publication of SIR after Examiner action                        |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1251  | 110   | 2251         | 55           | Extension for reply within first month                                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1252  | 420   | 2252         | 210          | Extension for reply within second month                                    | 210             |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1253  | 950   | 2253         | 475          | Extension for reply within third month                                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1254  | 1,480   | 2254         | 740          | Extension for reply within fourth month                                    |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1255  | 2,010   | 2255         | 1,005        | Extension for reply within fifth month                                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1401  | 330   | 2401         | 165          | Notice of Appeal   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1402  | 330   | 2402         | 165          | Filing a brief in support of an appeal                                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1403  | 290   | 2403         | 145          | Request for oral hearing   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1451  | 1,510   | 1451         | 1,510        | Petition to institute a public use proceeding                              |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1452  | 110   | 2452         | 55           | Petition to revive - unavoidable   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1453  | 1,330   | 2453         | 665          | Petition to revive - unintentional   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1501  | 1,330   | 2501         | 665          | Utility issue fee (or reissue)   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1502  | 480   | 2502         | 240          | Design issue fee   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1503  | 640   | 2503         | 320          | Plant issue fee  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1460  | 130   | 1460         | 130          | Petitions to the Commissioner  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1807  | 50  | 1807         | 50           | Processing fee under 37 CFR 1.17(q)  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1806  | 180   | 1806         | 180          | Submission of Information Disclosure Stmt                                  | 180             |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 8021  | 40  | 8021         | 40           | Recording each patent assignment per property (times number of properties) |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1809  | 770   | 2809         | 385          | Filing a submission after final rejection (37 CFR 1.129(a))                |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1810  | 770   | 2810         | 385          | For each additional invention to be examined (37 CFR 1.129(b))             |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1801  | 770   | 2801         | 385          | Request for Continued Examination (RCE)                                    |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1802  | 900   | 1802         | 900          | Request for expedited examination of a design application                  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <h3>1. BASIC FILING FEE</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table> <p style="text-align: right;"><b>SUBTOTAL (1)</b> (\$ ) 0</p>   | Large Entity  |              | Small Entity |  | Fee Description | Fee Paid        | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1001     | 770  | 2001 | 385  | Utility filing fee |                                     | 1002 | 340  | 2002 | 170  | Design filing fee |  | 1003 | 530  | 2003 | 265  | Plant filing fee |                           | 1004 | 770  | 2004  | 385  | Reissue filing fee |  | 1005 | 160  | 2005 | 80   | Provisional filing fee |  | <h3>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</h3> <table style="width: 100%;"> <tr> <td style="width: 15%;">Total Claims</td> <td style="width: 10%;">5</td> <td style="width: 10%;">-6** =</td> <td style="width: 10%;">0</td> <td style="width: 10%;">X</td> <td style="width: 10%;">9</td> <td style="width: 10%;">=</td> <td style="width: 10%;">0</td> </tr> <tr> <td>Independent Claims</td> <td>2</td> <td>-3** =</td> <td>0</td> <td>X</td> <td>43</td> <td>=</td> <td>0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>=</td> <td>0</td> </tr> </table><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table> <p style="text-align: right;"><b>SUBTOTAL (2)</b> (\$ ) 0</p> <p style="font-size: small;">**or number previously paid, if greater; For Reissues, see above</p> | Total Claims | 5      | -6** = | 0      | X   | 9 | =    | 0   | Independent Claims | 2  | -3** =                                 | 0 | X    | 43  | =    | 0   | Multiple Dependent                      |     |      |     | X    |     | =                                      | 0 | Large Entity |       | Small Entity |     | Fee Description                         | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202  | 18                                     | 2202 | 9    | Claims in excess of 20 | 1201 | 86  | 2201             | 43 | Independent claims in excess of 3 | 1203 | 290  | 2203 | 145                                    | Multiple dependent claim, if not paid | 1204 | 86  | 2204 | 43  | ** Reissue independent claims over original patent | 1205 | 18   | 2205  | 9    | ** Reissue claims in excess of 20 and over original patent |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |   | Small Entity |              | Fee Description  |                 |                 | Fee Paid |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$)  | Fee Code     | Fee (\$)     |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1001  | 770   | 2001         | 385          | Utility filing fee   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1002  | 340   | 2002         | 170          | Design filing fee  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1003  | 530   | 2003         | 265          | Plant filing fee   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1004  | 770   | 2004         | 385          | Reissue filing fee   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1005  | 160   | 2005         | 80           | Provisional filing fee   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Total Claims  | 5   | -6** =       | 0            | X  | 9               | =               | 0        |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Independent Claims  | 2   | -3** =       | 0            | X  | 43              | =               | 0        |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Multiple Dependent  |   |              |              | X  |                 | =               | 0        |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |   | Small Entity |              | Fee Description  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$)  | Fee Code     | Fee (\$)     |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18  | 2202         | 9            | Claims in excess of 20   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 86  | 2201         | 43           | Independent claims in excess of 3  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 290   | 2203         | 145          | Multiple dependent claim, if not paid                                      |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 86  | 2204         | 43           | ** Reissue independent claims over original patent                         |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18  | 2205         | 9            | ** Reissue claims in excess of 20 and over original patent                 |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |  |              |        |        |        |   |   |      |     |                    |    |  |   |      |     |      |     |   |     |      |     |      |     |  |   |              |       |              |     |   |          |          |          |          |       |  |      |      |                        |      |     |                  |    |                                   |      |      |      |  |                                       |      |     |      |     |  |      |      |       |      |  |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |

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